

(c) The other organs, testicles, spleen, cornea, cartilage, liver, are less involved.

4. Through the bacilli, or spores, inflammation is produced in the vascular organs, or by their migration inward from the periphery in case blood-vessels are lacking. These lymph cells (and fixed cells) form, then, the material for the leprous new formation. By the specific action of the bacilli the wandering cells become lepra cells, characterized by their peculiarities of form, course, and changes.

5. With these preliminary propositions we can assert the probability that lepra is an infectious disease, and, in its specific products, contagious. These are tubercle cells, tissue juice, and pus, with living bacilli or spores. Not every sample of pus is infectious, on the other hand, in the subject of leprosy, since they may contain no bacilli, no more than the contents of the pemphigus bullæ.

The disorder can not only be directly contagious, but may be transmitted indirectly by external means, if by these latter the bacilli or spores are transported. It has been already pointed out that in lepra, more than other bacteria disorders, the individual sensitiveness to infection is of influence.

On the contrary, lepra, in my opinion, is not transmissible by inheritance.

I close, for the present, with these remarks, but hope soon to follow them with a clinical memoir, especially upon the morbid nervous phenomena of the disorder.

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EPILEPSY.—At the late session of the International Medical Congress at London (rep. in *N. Y. Med. Record*), epilepsy was the subject of a demonstration by Dr. Lasègue, who described true epilepsy as being due to malformation of the skull, either idiopathic or traumatic, all other forms as being spurious or epileptoid, *i. e.*, those due to cerebral traumatism, organic lesion, and toxic or hysterical conditions. The true epilepsy (excluding the traumatic), dependent on malformation of the skull, follows only on its ossification, and invariably develops between the age of fourteen and eighteen years. The head is found on examination and measurement to be asymmetrical, either laterally or antero-posteriorly, and this is accompanied by asymmetry of the face, the mouth especially being askew (*strabismus buccalis*). This form is never hereditary, nor is it transmissible to offspring. The first

attack of epilepsy is identical in character with all succeeding attacks, therein differing markedly from the epileptoid forms. The attacks of epilepsy occur between 4 and 7 A. M., during the passage from the sleeping to the waking state. These patients are epileptics in every thing. Dr. Motet stated that Dr. Lasègue's views were generally accepted in Paris, but no discussion in confirmation or opposition followed.

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LOCAL ASPHYXIA OF THE EXTREMITIES.—Dr. Momsen, of the French Marine, *Arch. de Méd. Nervale*, xxxiii, 340 and 431 (abstr. in *L'Union Médicale*, July 21). As a result of chronic miasmatic infection there are sometimes observed nervous syndromes not without analogy to those following the processes of diphtheritic intoxication. In the original observation and those selected from other quarters, that are discussed in this memoir, the patients were affected with local asphyxia of the members, or rather with nervous disorders analogous to the vascular spasms of the limbs, and, further, with regular intermittent symptoms preceded or followed by local asphyxia or alternating with it. In some the local asphyxia appeared with the febrile symptoms, forming genuine attacks, followed by the epiphénoménon of painful tumefaction of the extremities, that is, by a paralysis of the vaso-motors. This local asphyxia appeared not only after the attack of intermittent fever, but it also follows the malarial diarrhoea of Cochin China.

It follows, therefore, from the twenty-two cases cited in this paper, that local asphyxia is related etiologically with intermittent fever, which it may replace, and that these nervous accidents are comparable to the larvated manifestations of malaria.

The symptoms may be classed methodically; in fact they appear: 1. *In the nerves arising in the medulla* (epileptiform and hysterical symptoms); 2. *in the organs innervated by the pneumogastrics with or without association with the sympathetic* (pulmonary accidents, congestions, pneumonias, etc., gastro-intestinal accidents, vomiting, epigastralgia, intestinal congestions, cardiac accidents, irregularity of the cardiac pulsations, angina pectoris, etc.); 3. *in the sympathetic* (ocular disorders, amblyopia, congestion, flow of tears, secretory disorders, diabetes, polyuria, icterus); 4. *in the peripheral vaso-motor, sensory, or motor nerves* (herpes, urticaria, pemphigus, asphyxia of the mammae, flushing, local chills, muscular atrophy, growth of adipose or epidemic tissue, anaesthesia, hyperesthesia, temporary paresis, tremors).